## INVENTORY OF PERSONAL EFFECTS

Date of Inventory:

**INSTRUCTIONS:** Record date of initial inventory, i.e., admission. Identify number (QTY) of items in each category. Record items of specific value, also items acquired after admission. Identify items lost or damaged. Record additional items/notes on reverse. Resident/Responsible Party and staff member are to sign and date this inventory on admission and again on discharge, acknowledging receipt of items.

QTY	ARTICLES	<ul> <li>Image: A start of the start of</li></ul>	ITEMS OF SPECIFIC VALUE - JEWELRY, WATCHES, ELECTRONICS, ETC.					
	Coats		DATE		ITEM		EST. VALUE	$\checkmark$
	Shoes/Boots					\$		
	Hats/Caps							
	Gloves							
	Dresses							
	Suits							
	Blouses/Shirts							
	Sweaters							
	Slacks/Trousers							
	Shorts/Capris							
	Sweatshirts/Sweatpants							
	Nightgowns							
	Pajamas				Ne	107		
	Robes				ACQUIRED AFTER	ENTRY		
	Slippers		DATE		ITEM		ECEIVED	$\checkmark$
	Panties/Briefs				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u></u>	
	Socks				a contraction		$\bigtriangleup$	
	Bras							
	Undershirts/T-shirts				176222			
	Pantyhose/Nylons		5	$\otimes$				
	Slips			<u>G</u>		( ) )	$\overline{}$	
	Ties/Scarves		16)>*			$\wedge \wedge / 6$	/	
	Belts/Suspenders	$\bigcirc$						
	Handkerchiefs	KE						
	Hearing Aid(es)					- U		
	Dentures							
	Glasses			$\overline{}$				
	Rings			$\left  \right\rangle$				
	Earrings			$\overline{\mathbb{H}}$				
	Bracelets	$\square$		$\rightarrow \rightarrow$				
	Watches			$\rightarrow$	>			
		$\square$	$\frown$			-		
	Television			~	NOTES ON ARTICLES - LOS			
	Radio/Music player/Headphones E-Reader/iPad		DATE			TEM	•	
	Computer/Laptop/Printer	5	DATE	6				
	Cell Phone		0					
	Shaving Kit			$\bigcirc$				
	Purses/Wallets			2				
	Luggage							
			ACKNOW	LEDG				
	ON ADMISSION				C	ON DISCHARGE		
SIGNED					SIGNED		Date	
(Resident/Responsible Party)		Date		(Resident/R	(Resident/Responsible Party)			
SIGNED(Staff/Title)				SIGNED	SIGNED			
		Date		(Staff/Title)		Date		
NAME-L	ast First		Middle		Attending Physician	Record No.	Room/Bed	

## **INVENTORY OF PERSONAL EFFECTS**

NOTES/COMMENTS
Record date of each note as well as the signature and title of the individual authoring the note.
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